



- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name JENNIFER O'KANE  
 Street Address 6840 Old Egg Harbor Rd  
 County, City (ATLANTIC) Egg Harbor Twp  
 State & Zip Code NJ, 08234 (609) 626-3200

Defendant No. 2

Name MELISSA MacFarland  
 Street Address 6840 Old Egg Harbor Rd  
 County, City (ATLANTIC) Egg Harbor Twp  
 State & Zip Code NJ, 08234 (609) 626-3200

Defendant No. 3

Name NATASHA CRANMER  
 Street Address 6840 Old Egg Harbor Rd  
 County, City (ATLANTIC) Egg Harbor Twp  
 State & Zip Code NJ, 08234 (609) 626-3200

Defendant No. 4

Name AMANDA HAMMOND  
 Street Address 6840 Old Egg Harbor Rd  
 County, City (ATLANTIC) Egg Harbor Twp  
 State & Zip Code NJ, 08234 (609) 626-3200

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions ☐ Diversity of Citizenship  
☒ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

DISCRIMINATION towards my SEX, RACE  
And ongoing disability; DENIED due process;  
withheld accurate payments for work (\$11RS)  
Retaliated against by ABOVE members of  
DCP&P.



C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship UNITED STATE OF AMERICA

Defendant(s) state(s) of citizenship USA

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? DCP & P OFFICE  
From 2016 - 2021 (FORCED TO TRANSFER FROM THEIR ATTACKS).

B. What date and approximate time did the events giving rise to your claim(s) occur? 9/3/16 - 3/15/21

C. Facts: When I accepted my previous position AS AN Impact Worker, I WAS THE ONLY MALE IN THE DEPARTMENT. FROM THE BEGINNING MY SUPERVISOR DENIED ME PROPER PAYMENTS, FORCED ME TO USE MY TIME AS SHE PREFERRED. SHE VERBALLY HARASSED ME. ALTERED MY DOCUMENTS, DISCLOSED MY PERSONAL INFORMATION TO OTHER CO-WORKERS  
DURING THIS TIME, MY CASE WORKER SUPERVISOR (M. MACFARLAND) FORCED ME TO ENGAGE IN ENTRAPMENT AGAINST HER HUSBAND.  
I PROCEEDED MAKING 4 COMPLAINTS TO EEO & 2 COMPLAINTS TO EEOC (530-2020-03532 & 530-2021-02323)  
IN 2019, I INFORMED THE AREA DIRECTOR (A. HAMMOND) OF THE ATTACKS AND MISTREATMENT I WAS BEING SUBJECTED TO. NONE OF THEM DID ANYTHING TO STOP OR PROTECT ME. AFTER EACH COMPLAINT THE ATTACKS WORSENER, DRASTICALLY IMPACTING MY PERSONAL LIFE.  
PREVIOUS IMPACT WORKER (MICHELLE WAKEFIELD) WITNESSED THE ATTACK & ABUSE I WAS BEING SUBJECTED TO. SHE PROVIDED ME A WITNESS STATEMENT.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

DURING this time my mental Health suffered, CAUSING me to be prescribed medications. I ATTENDED COUNSELING SERVICES through ABH which my SUPERVISOR also disclosed to other CO-WORKER.

FROM 2016-2020, I UNDERGO 6 SURGERIES to my RIGHT Achilles, CURRENTLY PERMANENTLY disabled. MY SUPERVISOR ASSIGNED me the HARDER CASES, MADE me COMPLETE EXCESSIVE UNNECESSARY ASSIGNMENTS, but NEVER PROPERLY PAID me for the time I worked. (5 YRS)

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I'm SEEKING for the courts to INVESTIGATE my claims. EEO & EEOC didn't SPEAK to WITNESSES I PROVIDED, OR take into CONSIDERATION the VARIOUS documents & emails I provided them. I STRONGLY feel NONE of my CLAIMS were TAKEN SERIOUSLY or PROPERLY ADDRESSSED due to my RACE. I want the COURT to OBSERVE the VARIOUS LOSSES I ENDURED from their DISCRIMINATION & Retaliatory ACT AGAINST me, then DECIDE. I'm NOT doing this for money. I doing this to EXPOSE the truth of what's DONE to our minority WORKERS. I've BEEN with the AGENCY 16 YRS.

Also I CAN provide 6-10 current DCP & P WORKER, who ARE willing to testify to these BEHAVIORS & ATTACKS.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Friday day of 11 / 12

20 21

Signature of Plaintiff

Mailing Address

410 Snow Fox Lane  
Egg Harbor Township  
NJ 08234

Telephone Number

(609) 892-1318

Fax Number (if you have one)

E-mail Address

was0424@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: